MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/926634	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2	1						52							
3		①					53							
4		①					54							
5		①					55							
6		①					56							
7		①					57							
8	1						58							
9							59							
10		2					60							
11		①					61							
12		①					62							
13		1					63							
14							64							
15		①					65							
16			1				66							
17			1				67							
18			1				68							
19				1			69							
20				1			70							
21				1			71							
22				1			72							
23			1				73							
24				1			74							
25				1			75							
26				1			76							
27				1			77							
28				1			78							
29				1			79							
30				1			80							
31				1			81							
32				1			82							
33				1			83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4				TOTAL IND.							
TOTAL DEP.			14				TOTAL DEP.							
TOTAL CLAIMS			18				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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